

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>K. K.</i>	<i>711-29</i>	<i>11/22</i>
RESPONSE FORMALITY REVIEW			<i>1-13-01</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	12/19/03
2	10/18/04
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	0
13	✓
14	✓
15	0
16	✓
17	0
18	0
19	✓
20	✓
21	0
22	0
23	0
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	0
31	✓
32	0
33	0
34	0
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37	0
38	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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